THE

# BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXII. WEDNESDAY, JUNE 24, 1840. No. 20.

## VEGETABLE DIET FOR CHILDREN.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In my lectures on Education, delivered in New York and New England in 1839, I mentioned the injurious effects of low vegetable diet on the health of the children resident in the Asylum for Colored Orphans in New York city; and added that they were much benefited by an improved diet, embracing a portion of animal food. I cited the case as an illustration of the proposition that, in this climate, it is not salutary to feed children exclusively on vegetable diet. The remarks were assailed by one or more of the periodicals, to which I have hitherto made no reply. On my return to New York I applied to the physician to the Asylum for a statement of facts, and now send you a copy of his letter, and request of you to print it in your Journal. It will serve to place the question on its true basis; and this always was, and still is, my only object in adverting to those children. I am, &c.

*New York, May* 29, 1840. GEO. COMBE.

*To George Combe, Esq.* DEAR SIR,—I readily comply with your request of yesterday, in relation to the influence of diet on the health of the children of the Asylum for Colored Orphans in this city. This institution was opened for the admission of orphans in the month of July, 1837; and since the close of that year the average number has been 50. Towards the close of the same year, when the house was more than half filled with children, sickness began to manifest itself, and during the succeeding 18 months proved fatal in no less than 15 instances. The disease, in a majority of cases, was scrofula in some one of its varied forms, and was attributed, among other causes, to the improper and scanty diet with which these poor children had been furnished, prior to their becoming inmates of the Asylum, and to the insufficiency of nutriment contained in the regular but light food thereafter supplied. For some time no animal food was allowed, and Indian-corn meal, and brown bread, made of rye and unbolted wheaten flour, were, among other things, largely used. One of the consequences of this kind of diet was inordinate irritation of the mucous membrane of the bowels, and almost constant diarrhœa. The orphans were so enfeebled that many sunk under the acute and epidemic or contagious diseases peculiar to childhood, which more robust children would have passed through in safety. Under the same circumstances, scrofula was developed in others,

who might have reached puberty, or even old age, without its external manifestation. Though I was far from attributing all the sickness and mortality at the Asylum to deficient and improper nutriment, I have no doubt that it materially contributed to that result. In a Report made by the writer to the Board of Managers at the close of the year 1838, is the following paragraph: "Eight out of nine of the children who have died in the Asylum were entire orphans, and had been long suffering under the deleterious influences of neglect, unwholesome diet and impure air. Besides, they were probably the offspring of vicious and unhealthy parents, and were born with the inherent seeds of disease. The salutary influence of good diet, comfortable clothing, a suitable degree of warmth, and a pure atmosphere, on the physical condition of whole classes and nations, is so well known that the subject may be dismissed with the single remark—that if these things be so essential to the well-being of a people living in a temperature adapted to their constitutions, how much more so do they become when this people has been transplanted to a comparatively rigorous climate."

Further experience did not fail to convince both the managers and physician of the necessity of improving the diet of the establishment. A change was accordingly made in this as well as in other respects of equal importance, and was followed by a remarkable improvement in the health of the children. Animal food is now used four times a week in substance, and twice in soup. White bread, rice and milk, the vegetables of the season, &c., are abundantly supplied. It is now a year since there has been a death in the Asylum, where no less than 15 deaths occurred during the preceding 18 months. Though I do not attribute this extraordinary exemption from mortality to change of diet only, but also to ameliorations of perhaps greater importance judiciously introduced by the enlightened and benevolent managers of this excellent charity, yet am I perfectly convinced that much of the present improved health arises from the use of more wholesome and substantial food. The experiment of going back from the better to the poorer kinds of food has been repeatedly made, and uniformly with the same injurious consequences.

All this corresponds so nearly with observations in private practice, in public institutions among the rich and poor, and on a more extended scale among nations, as to leave no doubt that the best fed, the best clad, the best aired, and the best washed children, are, *ceteris paribus*, the healthiest children, and make the strongest men and women.

*New York, May* 19, 1840. I am, &c.

(signed), James Macdonald, M.D.

---

## INSANITY.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. K******, aged 40 years, wife of a farmer in comfortable circumstances, and mother of a numerous family—generally healthy and able to perform her domestic labors—became ill in the spring of 1826.

She had capricious appetite, was dyspeptic, had sallow and sickly countenance, with disturbance of the digestive functions, &c. &c. Mrs. K. was of easy and quiet temper, happy in her domestic relations, had enough of the world to be above the fear of want, and was a worthy member of a Christian church.

I found Mrs. K. seated in the middle of her bed, surrounded by bibles, psalm books and tracts, "expounding and explaining" from the scriptures to an audience composed of her own family and as many of her neighbors as could endure to listen to her protracted exhortations after a continuance, without intermission, for three or four days and nights. The situation in which I found her was attributed by herself (and believed by those about her) to the operations of the "holy spirit"—"that she had just been brought to a knowledge of her lost, ruined and undone condition by nature"—"and that unless the work of regeneration, which had begun in her sinful heart, should be succeeded by an internal assurance of sanctification, of redemption, of pardon and acceptance through grace, she must be finally and inevitably lost."

Those who have been familiar with the scenes which have been enacted all over our country in times past of religious excitement and revivals of religion, of protracted meetings and camp-meetings, will recognise the description of the situation of Mrs. K. as no exaggeration, but rather a tame picture of the numberless instances of similar cases of extravagance, folly and madness occurring at these periods of mistaken zeal. In the case of Mrs. K., however, no such causes existed. There had been no religious excitement or revival of religion, or any unusal attention to that subject, which could have had any agency, directly or indirectly, to affect her. And I have adduced this case to show that the subjects which engross the minds of the insane are to be taken with great caution as the immediate causes of insanity. With the insane, subjects of the greatest moment to them in health, are not unfrequently most dwelt upon. And thence it is that religion, acknowledged *by* all as a most momentous concern *to* all, is a common theme in alienation of mind, though a particular consideration of the subject itself had, probably, no direct influence in the production of the malady. The opinion, nevertheless, generally still obtains that the subjects which most occupy the minds of the insane are the *causes* of insanity.

Insanity is a symptom only of physical disorder or disease. It is an absurd idea that a man may be *crazy* while in the enjoyment of *good bodily health*. Disorder of the physical health, especially of the digestive organs, from their connection and sympathy with the brain, however induced, is a prolific and common cause of insanity. And whether it arises from the excitement and irregularities of the gaming table, or the camp-meeting, the bacchanalian and debauchee may be often found on his knees in fervent prayer, and the religious enthusiast and fanatic as often indulging in gross lewdness, profanity and impiety. Insanity from these and similar causes, i. e., from *functional disorders*, is curable—but requires, in addition to moral means, a discreet and appropriate medication. Insanity from *structural disease* of the brain, or of remote organs which sympathise with it directly or indirectly, is to be *ameliorated* only

by moral treatment and such medication as will best promote the healthy functions of body.

To my inquiries of Mrs. K., when I first saw her, in relation to her health, she assured me she felt perfectly well—had no pain, no disturbance whatever of physical health; but, putting her hand over her heart, she said, "Here it is, and it is the Lord's doings." I suggested to Mrs. K. that as she had a great work going on within herself—the work of regeneration—and that as it was her duty to arouse her family and neighbors to a sense of their extreme sinfulness, it would be proper for her, and I thought imperiously necessary, to employ such means as would sustain her in this great undertaking. With her consent, I accordingly prepared her some *spiritual pills*, which procured sleep and a more healthy performance of the functions of the body. And by a little management, with appropriate medication, in a few weeks Mrs. K. was restored to usual health. After the entire recovery of Mrs. K. she was quite free to converse with me on the subject of her insanity; and she assured me that anxiety or apprehension about the present or future could not have been a cause. And though, at the time, she had a dreamy consciousness of her extravagance, she was impelled, by something which she could neither explain nor resist.

Mrs. K. has had no return of insanity. J. H. F.

*May* 26, 1840.

---

## EPIDEMIC TYPHUS PUERPERARUM.

[Communicated for the Boston Medical and Surgical Journal.]

Typhus Puerperarum is perhaps (with a few exceptions) the most fatal disease that the female portion of the human family are afflicted with, when it prevails as an epidemic. The most extraordinary fact connected with its history, is that it is confined to certain localities, where it commits its ravages for a few weeks or months, and then disappears, while neighborhoods in its immediate vicinity, and, in fact, in all directions, remain healthy. I think the most careless observer cannot fail to detect a wide difference between the epidemic and sporadic forms of puerperal fever. The endemic cases usually present a train of well-marked inflammatory symptoms, yielding to a thorough course of antiphlogistic treatment; while the epidemic form is attended with the same symptoms in the first hours of its progress, but runs rapidly into a state of exhaustion, sinking and death; and this termination takes place, in a large majority of cases, notwithstanding the most energetic treatment, —in some cases depleting remedies, in others a course of stimulation—alike resisting every variety of treatment hitherto prescribed.

There is also another striking difference in these two forms of the disease. I allude to the appearances disclosed by post-mortem examinations. In the sporadic form we find adhesions in various parts of the abdomen, depositions of lymph, and serum in large quantities; in the epidemic form, the traces of inflammation are less striking, in many cases

scarcely discernible, and very seldom extensive adhesions or effusions take place.

From a survey of the above facts, and other circumstances connected with the history of this form of the disease, I am led to infer that the tendency to a fatal termination is to be attributed to the malignant character of the attending fever, rather than to the local affection. If this opinion should be found, on investigation, to be based upon correct premises, it will lead to important conclusions concerning the remediate measures to be adopted. If the position we assume is correct, our remedies must not only be directed against the local affection, but especially against the depressing influence of the fever that is exhausting the nervous energies of the patient with the most fearful rapidity; and if we can find a remedy by which we can accomplish this object, we need not despair of finding remedies to subdue the peritoneal affection.

In accordance with my views of the pathology of this disease, I submit the following plan of treatment. Bleeding, when the pulse indicates it by tension, hardness or fulness; and in order to guard against prostrating the system unnecessarily, I would have the patient in a sitting posture, and allow the blood to flow until syncope takes place. Give from 20 to 40 grains of proto-chloride of mercury, with sufficient opium to retain it in the stomach twelve hours. By thus retaining it in the system, the stomach and bowels are much more thoroughly cleansed than when it is hurried through in one fourth or half that time. The system is also much better prepared for the administration of other appropriate remedies. Another object in giving a free dose, and retaining it, is to allay hepatic irritation, which, if it proceeds, aggravates all the symptoms in the secondary stages by profuse secretion of bile, and the uncontrollable vomitings which inevitably follow, precluding the possibility of affording relief, from the fact that nothing can be retained in the stomach. At the end of twelve hours, if calomel does not move the bowels, use castor oil or warm water enema. After the operation, continue calomel in small doses, with Dover's powder every two or four hours, as the urgency of the case should indicate.

I would also commence immediately with Fowler's solution, in as large doses as can be retained without vomiting; and if the stomach is irritable, give it by enema. I thus endeavor to bring the system under its influence as soon as possible, say the first thirty-six or forty-eight hours. In malignant forms of fever, the arsenic is the most potent remedy we possess, and I confidently believe promises more in this disease than all other articles of the materia medica put together. I would not, however, depend on it alone, but perseveringly use with it the means recommended above, and also external applications; and these may be blisters, or tinct. cantharides mixed with oil of terebinth. continued until extensive vesication or amelioration of the symptoms. The lower extremities should be frequently immersed in a mustard bath; if this fails to keep up warmth and free circulation, apply blisters to the inner ankles. Diet—barley water, rice and animal broths, at first weak, afterwards stronger.

ROBERT KELSEY.

*West Henrietta, N. Y., May* 27, 1840.

## MEDICAL REMINISCENCES.—NO. IX.

[Communicated for the Boston Medical and Surgical Journal.]

Doctor James Hurlbut, a physician of pre-eminent talents and high reputation in Connecticut, was born in Berlin in the year 1717. Of his early life and history little is known. What was his preparatory education, or with whom he studied his profession, we have been able to obtain no certain information. He probably gained, in the course of his early life, some knowledge of the Latin language, if not of the Greek and Hebrew tongues. A single fact is recorded on this subject by an intimate friend, who speaking with him of the advantages which clergymen have of obtaining the true import of the Bible by reason of their knowledge of the languages in which it was originally written, "Dr. H. remarked that he had read the scriptures in as many languages as any of them."

Dr. Hurlbut had a brother in the profession of medicine, older than himself, resident in the same town, with whom he might have studied his profession. He also had access to the library of the elder Dr. Osborn, where he became acquainted with the works of the celebrated Dr. Boerhaave, which he greatly admired, studied with diligence, and much of which he committed to memory. He was, however, principally indebted to the force of his own genius for the distinguished reputation which he attained in his profession. He was truly a self-taught man. His reading was extensive and accurate, and he was a close observer. This, united to his natural sagacity and strength of mind, enabled him to take high rank amongst his cotemporaries, and to secure, to a remarkable extent, the confidence of the public, by whom he was considered a medical oracle. Dr. H.'s reading and knowledge was not exclusively devoted to the profession of medicine; he examined with great diligence into the subjects of mental and natural philosophy, was a thorough scholar in theology, and a shrewd and able controversialist, although it is believed that he had no fixed principles of his own on religious subjects. Locke on the Human Understanding, Boerhaave and Sydenham in medicine, and Bishop Sherlock and Foster in divinity and morals, were his favorite authors. The mechanical sciences also received a share of his attention, particularly architecture. One of the ablest architects in the country, who lived near him, admitted his indebtedness to him for many important suggestions in this department of knowledge.

In his person Dr. Hurlbut was tall, well proportioned, bony and muscular; his complexion was dark, his eye black, very sharp and intelligent. In early life his appearance comported with the conspicuousness of his station; he acquired considerable property, owned a house, and possessed a valuable and handsome library of books, professional and philosophical. His book-case now stands in the house which he formerly owned and occupied. An informant says that he possesses some large and valuable books, taken by an officer on attachment of Dr. H.'s property, upon the decline of his fortune. He had no economy, set no value upon money, was prodigal and profligate in his declining years, and he of course became destitute and finally dependent. In the latter

part of his life his appearance was that of a vagrant. A respectable patient of his once remarked, "that he never knew so much good sense under a bundle of rags." He could not ride on horse-back, as he said, in consequence of a disease of his leg, which was very troublesome and painful, and for many years walked with his staff to visit his patients. It is also said, that he once consulted a fortune-teller as to the mode of his death, and was told that he would be killed by a fall from a horse. A very natural prediction of one of habits so intemperate. As the story goes, he determined that this prediction should not prove true, and he never afterwards rode on horse-back.

The early practice of Dr. Hurlbut was in Berlin, his native town; he afterwards moved to Wallingford, in Connecticut, and removed to Berlin many years before his death, where he continued till 1789, in November of which year his wife died. After this event he resided most of his time in Wethersfield, an adjoining town, where he had much business, spending most of his time with the sick, and in the houses of his early friends. His last sickness was in Wethersfield, where he died in the house of one of his early patrons, of a lingering illness, April 11th, 1794, at the advanced age of 77 years. Many of the respectable inhabitants of the town, assisted by the public authorities, contributed to his comfort in this season of affliction and poverty; by them he was also decently buried in the churchyard of the village, all the expenses of which were in like manner defrayed.

In the meridian of his medical fame Dr. Hurlbut had many students, some of whom arrived at great distinction in the profession. Of these, Drs. Seth Bird, and Hosea Hurlbut, his nephew, were the most conspicuous. Drs. John Cook, of Southington; Amos Gridley, of Berlin; Samuel Hurlbut, another nephew; James Potter, of New Fairfield, afterwards president of the Connecticut Medical Society; Dr. Winchel, of Berlin, and others, are named as having been favored with his instructions.

The mind of Dr. Hurlbut was eccentric, but singularly acute and discriminating. His memory was uncommonly tenacious; he never forgot what he read, or heard, or saw. He was remarkably inquisitive. Mingling with all classes of society, to learn whatever could be known, he accumulated a fund of facts and a mass of knowledge, which he was able to impart to others on almost every subject. It was said of him, that after reading a pamphlet, or hearing a sermon, he would repeat the whole or most of it.

As a physician Dr. Hurlbut bore the title of one of the fathers of medicine in his native State. By those who well knew his powers he has been said to be equal to Dr. Cullen, or any of the learned and eminent physicians of this country that were his cotemporaries. Speaking of Bird, Perry, Potter, and other eminent physicians of Connecticut, a distinguished medical writer* says, "but Hurlbut was the greatest man of all; he understood some subjects connected with the practice of medicine, better, perhaps, than any man in the whole world."

In his intercourse with his brethren, he was overbearing and dogmati-

* Dr. Thomas Miner.

cal. His opinions were not to be questioned, nor his prescriptions opposed, by any one. If the physician who called him in consultation, or the friends of the patient, deviated in the least from his directions, he would often take a sudden departure, without giving a single reason.

His manner with the sick was that of close observation and minute attention to every symptom and every change. He was very particular in examining the pulse, and wished to do it repeatedly before he prescribed. He often remained a whole day in the house of his patient, before he gave an opinion, or made a prescription. In the latter part of his life, in particular, he was very attentive to his patients. He would devote his whole time to one individual, if he got deeply interested in his case, and no entreaty would induce him to relinquish his constant care and watchfulness. Indeed he was often sent for from a distance to stay by his patient till the event of the case should be known. He examined, reflected and read till almost all the phases and changes of disease were familiar to him, and his prognosis was so accurate as to give to the public an impression that he had the gift of prophecy or foreknowledge. He paid great attention to critical days in acute diseases, on which the accuracy of his prognosis might greatly depend.

Dr. Hurlbut had a high respect for the learned professions, and particularly for the respectable members of his own, but an utter contempt for the ignorant, and a detestation of quackery in all its forms. Many of his prescriptions can be found amongst his early employers. Many of his former patients venerate his name, and quote his opinions. Some of his recipes still visit the apothecaries' shops, and are held in high estimation after the lapse of half a century.

Dr. Hurlbut's knowledge of indigenous materia medica was, perhaps, superior to that of any physician of his time in this country. The sanguinaria, the geranium maculatum, the different species of asclepias, the stramonium, the podophyllum, the veratrum, the different species and varieties of the cornus, potentilla, &c., were the common articles of his prescription.

The following relation from Dr. Sheldon, of Litchfield, Ct., shows his almost intuitive knowledge of disease. A very respectable lady was ill under the care of three eminent physicians (two of whom were Drs. Bird and Hopkins), of what they considered to be pulmonary consumption. Under their treatment she grew worse continually, and it was proposed to consult Dr. Hurlbut by letter. The symptoms of the case were detailed with great accuracy and minuteness, and the remedies that had been used were also stated with care. Dr. Hurlbut examined the statement with his usual attention and sagacity, and decided that they had mistaken the disease, declaring it to be rheumatism, and prescribing for that disease such medicines as he supposed might be efficacious in the case. Upon the change of plan the young lady soon improved and rapidly recovered.

Connected with the name of Dr. Hurlbut everywhere, is known his intemperate use of ardent spirits and opium, in the latter period of his life. He would not look at his patient, when consulted, at this period of his life, unless he had an adequate supply of spirits placed in his entire con-

trol, so that he might use it as he chose. "A square bottle of rum" was considered to be his daily ration. He took frequent small drinks, and swallowed at the same time enormous quantities of opium. For many years all the avails of his practice were spent in the purchase of this drug. He was rarely intoxicated; and when so much under the influence of these narcotics as not to be able to stand, his mind would generally appear clear and his judgment unaffected. When in the attire of a vagrant he walked about, supported by his staff, lame and miserable, if his attention was turned to any medical or philosophical subjects he would exhibit such resources of information, such powers of eloquence, and such judicious and sensible views, as would astonish all his auditors, and particularly strangers.

Such was Dr. James Hurlbut. A greater genius could not be found in the ranks of the profession during the last century. He was a man, the bright side of whose character exhibited a lustre in science and original conceptions of mind that would have done honor to the brightest ornaments of European fame; tarnished, on the other, by indulgence in the grossest vice, sunk down by it to poverty and wretchedness, to a dependence upon public charity, and at last dying without leaving the means of sepulchre, and now lying without a monument to tell us where.

*Worcester, March*, 1840. S. B. W.

---

## NEW HAMPSHIRE MEDICAL SOCIETY.

*To the Editor of the Boston Medical and Surgical Journal.*

Sir,—The following are some of the proceedings of the New Hampshire Medical Society, at its late annual meeting. James B. Abbott,

*Boscawen, N. H., June* 12, 1840. *Secretary.*

This Society held its 49th anniversary at the Phœnix Hotel, in Concord, on Tuesday and Wednesday, the 2d and 3d insts. The following gentlemen were elected officers of the Society for the ensuing year:

Luke Howe, M.D., Jaffrey, *President;* Dixi Crosby, M.D., Hanover, *Vice President;* James B. Abbott, M.D., Boscawen, *Secretary;* Eliphalet K. Webster, M.D., Hill, *Treasurer.*

*Counsellors.*—John S. Elliot, M.D., Pittsfield, Ezra Carter, M.D., Concord, *Centre Dist.;* John S. Fernald, M.D., Barrington, Richard Russel, M.D., Wakefield, *Strafford Dist.;* Richard Williams, M.D., Milford, Micah Eldridge, M.D., Nashua, *Southern Dist.;* Edward B. Moore, M.D., Epping, Josiah Bartlett, M.D., Stratham, *Rockingham Dist.;* James Batcheller, M.D., Marlborough, John B. Dousman, M.D., Keene, *Western Dist.*

*Censors.*—Timothy Haynes, M.D., Concord, Hezekiah Eldridge, M.D., Pembroke, *Centre Dist.;* Joseph H. Smith, M.D., Dover, John P. Elkins, M.D., New Durham, *Strafford Dist.;* Francis P. Fitch, M.D., New Boston, Noah Hardy, M.D., Hollis, *Southern Dist.;* Ezra B. Gale, M.D., Kingston, William Brown, M.D., Chester, *Rockingham Dist.;* Amos Twitchell, M.D., Keene, Asahel D. Shurtleff, M.D., Rindge, *Western Dist.*

Josiah Bartlett, M.D., Stratham, Micah Eldridge, M.D., Nashua, *Delegates to the Examinations at Hanover.* Josiah Crosby, M.D., Meredith, Francis P. Fitch, M.D., New Boston, *Orators for* 1841.

*Committee of Correspondence.*—Charles P. Gage, M.D., Concord, for *Centre Dist.*; John P. Elkins, M.D., New Durham, *Strafford Dist.*; Francis P. Fitch, M.D., New Boston, *Southern Dist.*; Josiah Bartlett, M.D., Stratham, *Rockingham Dist.*; James Batcheller, M.D., Marlborough, *West. Dist.*; Dixi Crosby, M.D., Hanover, *Grafton Dist.*

Prof. Reuben D. Mussey, M.D., of Cincinnati, Ohio, and Prof. O. P. Hubbard, M.D., of Hanover, were elected honorary members.

The following gentlemen were elected Fellows of the Society, viz.—Moses T. Willard, M.D., *Concord*; Hanover Dickey, M.D., *Epsom*; Charles P. Gage, M.D., *Concord*; William W. Proctor, M.D., *Hill*; Joseph Gould, M.D., *Gilmanton*; Horace Gage, M.D., *Hopkinton*; Jacob S. Eaton, M.D., *Bristol*; Benjamin E. Sawyer, M.D., *Boscawen*; Amos G. Gale, M.D., *Hooksett*; William Brown, M.D., *Chester*; Josiah C. Eastman, M.D., *Hampstead*; Dr. James A. Tilton, *Chichester*; Alonzo F. Carr, M.D., *Goffstown*; Warren E. Chase, M.D., *Boscawen*; Ezra B. Gale, M.D., *Kingston*; and Moody C. Sawyer, M.D., *Bristol.*

A dissertation was read by the president, Dr. E. Hoyt, upon Medical Science in New Hampshire, embracing a historical view of that science from the first settlement of the State to the present time; in which were embodied a multitude of highly interesting statistical facts, which must have been the result of much labor and close investigation. Two other valuable dissertations were read, one by Dr. Howe, of Jaffrey, the other by Dr. Batcheller, of Marlborough.

A greater number of Fellows were present than at any former meeting of the Society since its first organization, and there probably has never been a time when its prospects were more encouraging.

---

## FOREIGN SUBSTANCE IN THE TRACHEA.

*To the Editor of the Boston Medical and Surgical Journal.*

Sir,—Being on a visit in Westfield, New England, I called upon a friend, who showed me a fragment of a butternut shell one fourth of an inch in length, and one half inch in circumference, somewhat of an oblong form, which was coughed up by a child from the trachea or pharynx, after being there from the 31st of Dec., 1839, to the 6th of June, 1840. Its mother said that the child strangled when first taken unwell. The next day difficulty in breathing commenced, which continued for most of the time until the foreign body was expelled. A membranous substance formed around it, which prevented some amount of irritation. The child is now about 17 months old, has been sick all winter, supposed to have been afflicted with an inflammatory complaint of the lungs or throat. It is an interesting case, showing how foreign bodies may continue for some time in the trachea, without producing fatal disease.

I recollect, a few years since, seeing a child which expelled a piece of

the skin of a pumpkin seed, after it had been swallowed six weeks, and during which time the child was nearly suffocated every night.

You may make such use of these facts as you choose.

Yours, &c. CHARLES SMITH, *from Lyme, Ohio.*

---

## CHRONIC DIARRHŒA.—ULCERATION OF THE RECTUM.

IT not unfrequently happens that a person, laboring under chronic diarrhœa, comes to consult a medical practitioner, and tells him that he has been suffering from this complaint for months, that he has eight or nine discharges by stool in the day, and that he has been under the care of five or six doctors in succession, without any benefit. Well, you are determined to have your trial, too, and you commence operations by putting him on full doses of acetate of lead. After a week or a fortnight, he comes back and tells you he is not a bit better. You then try turpentine or balsam of copaiva—no use. Nitrate of silver—the same result. The man gets tired of you in turn, and perhaps goes to a surgeon to ask his advice. The surgeon examines the rectum carefully, and finds, at a short distance from the anus, an ulcer, which he immediately touches with a strong solution of nitrate of silver. The ulcer begins to heal, the irritation of the gut ceases, and the diarrhœa goes off. The surgeon is extolled to the skies, and the doctors disgraced forever in the opinion of the patient. Now this is not an uncommon case. I have seen several instances of it, and I must tell you I was once mistaken in this way myself. These ulcers are situated close to the verge of the anus; they occur chiefly in persons of broken-down constitution, and those who have taken a great deal of mercury. They produce irritation in the colon, tenesmus, griping, frequent discharges by stool, and most commonly, during the straining, a little blood is passed: During the course of last summer, I treated a soldier for this affection, who had been discharged from the East India Company's service (as was stated in his discharge) for incurable dysentery. I examined the rectum, and finding some ulcers close to the anus, had them touched with the nitrate of silver. Under this treatment a rapid amendment took place, and in the space of three weeks the man was discharged, quite cured. Now, are you to make this examination in every case? I believe you will act rightly in doing so in every case of chronic diarrhœa in the male, but the examination is absolutely necessary in all cases under the following circumstances: first, when the diarrhœa has been of long standing; second, when it has resisted a great variety of treatment; third, when it has been combined with tenesmus and a desire for sitting on the night-chair after a stool has been passed, showing irritability of the lower part of the great intestine; and, lastly, when the patient's health does not appear to be so much affected as it naturally should be, where there was long-continued disease of a large portion of the great intestine. A patient will come to consult you, who will inform you that he has had eight or ten alvine evacuations every day for the last six months, and yet he eats heartily and looks quite well. Under these circumstances, the cause of the diar-

rhœa will generally be found to be ulceration of limited extent low down the tube, and capable of being quickly and effectually removed by a strong solution of the nitrate of silver.—*Dr. Stokes.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 24, 1840.

## MEDICAL INSTITUTIONS OF PHILADELPHIA.

Those who have not visited Philadelphia can have no just conception of the magnitude of the schools of medicine in that city, and the collateral institutions which are intimately connected with them. These institutions must have the ascendancy over all northern or western schools, notwithstanding the apparent permanency of some of the latter. In the first place, the location is advantageous. Again, in the course of many prosperous years, whatever is essential to possess, with reference to public medical instruction, has been provided. Finally, having, from the first day of the organization of the medical department of the University, been fortunate in the selection of men of genius, courtesy, and high intellectual endowments, the trustees have raised it from small beginnings to be the first on this Continent.

It was quite generally believed that the creation of a second school in the same city, would assuredly weaken the authority of the first, and diminish the revenue arising from its students. Contrary, however, to all theorisings, by increasing the accommodations, pupils began to multiply. Step by step, apparently without any great exertion, there has been a steady annual increase, very complimentary to the faculty of each institution, besides being exceedingly profitable. Instead of the jealousy of neighboring institutions, devoted to the same purpose, being excited, they ought to be gratified at the transcendant success of the Philadelphia schools. Were it not for a ruinous policy practised in some of the medical colleges in the United States, they would have exerted a far greater degree of influence, besides permanently bettering the condition of their finances. Let it not be supposed that we would have any of our New England schools of medicine suppressed: no, we would have them retain the chairs and pay them well. Starving out professors is no way to develope science. The security which an incumbent of a chair in Philadelphia feels, gives him leisure for being civil—and those who are so, with other requisite qualifications, invariably succeed the best in any laudable undertaking.

There are persons who fully believe that most of the schools have been established by a clique of adventurers, solely with a view to private emolument. It sometimes must follow, if such is the case, that some of the medical managers are better financiers than lecturers. Where matters stand thus, the public soon discover the internal structure of the machinery, and place little confidence in a faculty wholly made up of professional schemers. After dragging through a few prosperous years, the contingent expenses begin to outbalance the income. A manifestation of discontent is exhibited in those who hoped the strongest and pocketed the least. Resignations succeed disappointments. Vacancies are filled by an obedient

board of trustees, at the express instance of those who are clinging to the wreck. They invariably manage to have no man elected to a vacant chair whom they have the least reason for supposing to be more brilliant or talented than themselves. Although the new comer is considered a merry-andrew, whose wires are to be pulled to suit private convenience, it is bruited about that an accession is made to the old galaxy of fixed science, in the elevation of a new professor, of immense consequence to the community. Thus misrepresentation and dishonesty of purpose become apparent. Such, we are assured by lookers-on, has been the way in which some medical institutions are conducted. Personally, we have no knowledge on the subject. But it is easily discovered, if this plan of operation is pursued, why those which practise it are languishing for want of sustenance, or dying a protracted death.

In Philadelphia, there is a stability impressed upon the medical schools. Great industry is appreciated, and talents essential to their increasing reputation are liberally sustained. A dunce is not stereotyped in office, but those who are qualified to conduct a department never lose their hold upon the public confidence. This is the secret of the great power of the Philadelphia schools of medicine and surgery. The more closely we have examined them and the facilities they offer, and that, too, in connection with the public sentiment through two thirds of the States in the Union, the more we are led to believe that the period is coming when a majority of the practitioners of this country will be educated at Philadelphia. However, we shall again revert to the subject, and endeavor to show why students do not visit New England in greater numbers, since the advantages here are equal to those possessed by the most favored schools of medicine in America.

---

*Cure of Squinting.*—Since the new remedy for club-feet, by the division of the tendo-Achillis, has been brought into extensive practice, it has been found that various other deformities are susceptible of relief or entire removal by dividing the tendons or muscles implicated. Professor Dieffenbach has been successful in curing strabismus, or squinting, by dividing the internal rectus muscle. The operation has also been performed by other surgeons, and apparently with satisfactory results. The following case is related, with others, in the London Lancet, by P. Bennett Lucas, Esq., of London.

April 21, 1840.—Mr. Crossland, aged 21, was born with his eyes straight. At Montreal, when five years of age, he was watching the return of his father from business at a time when a large quantity of snow was on the ground, the glare of light from which he observed to be very offensive, and was instantly seized with strabismus convergens of the left eye. He was quite unconscious of any deformity having occurred until his friends remarked it to him. He was subjected to various kinds of medical treatment, and wore goggles. The summer following his eye got straight; but when the winter returned, it again became inverted, and has remained so to this date.

*Present appearance.*—The eye is turned deeply into the inner canthus. When the right eye is covered the patient can turn the affected eye half way outwards; but when both eyes are exposed, it instantaneously resumes its abnormal condition.

Mr. C. has been subject to headaches, reads a great deal, and for the

last two years has been living on vegetable diet, for the cure of a cutaneous affection. In the presence, and with the assistance, of Dr. Carroll, Mr. Toogood Downing, Mr. Wardrop, Jr. and Mr. H. Downing, I performed the following operation:—A bandage was applied to the sound eye, to exclude the light, and the patient was seated on a low-backed chair, before the window, and his head reclined against Mr. Downing's chest, who also supported the upper eyelid, by means of the wire speculum. Mr. Wardrop, Jr. depressed the lower lid. The patient, who possessed great moral strength, everted the turned-in eye to his utmost, and with the greatest facility I introduced a small, fine-pointed hook into the inner conjunctiva, about three lines distance from the cornea, and with a very fine, straight knife I divided this membrane from below upwards, to the extent of half an inch, leaving the hook still attached to the inner segment of the incision. I next separated the divided inner portion of the conjunctiva from the subjacent sclerotic coat by means of a blunt probe, and having introduced between the lips of the incision the bent probe, I parted it underneath the tendon of the internal rectus muscle. The hook was now withdrawn, and the operation was suspended for a moment. I next raised the tendon by means of the bent probe towards the incision of the conjunctiva, so as completely to bring it into view, and with a curved scissors divided it. The eye immediately resumed its natural position. The hæmorrhage did not amount to so much as two drops, and the operation was completed in a minute and a half. R. Calomel, 2 grs.; James's powder, 3 grs. A saline draught in the morning.

22. The inner conjunctiva is slightly ecchymosed; the eye is perfectly straight. Mr. Crossland had a good night.

24. Ecchymosis of conjunctiva is disappearing. The state of the patient is most satisfactory.

26. The patient is in every respect going on well; he suffers no pain in the eye; the inner conjunctiva is still reddened, and a layer of lymph exists in the site of the incision; the redness evidently exists for the purpose of reparation, which is going on beautifully, as the patient was not aware of its existence until he saw it by means of a glass. He goes to business to-morrow.

---

*Thoracic Affections of Early Life.*—Inflammation of the lungs, hooping cough and croup, carry off a large portion of the infantile population; and it appears that this class of complaints has become much more common in proportion as the encephalic disorders of early life have diminished. The decrease of some disorders, and the increase of others pathologically allied to them, is a very curious and interesting subject of investigation. Statistics teach us how closely allied are the sources and the forms of disease by which the infantile population is often carried off; they warn us that time is often wasted in the too carefully distinguishing between the disorders of the head, chest and stomach, which affect this period of life. It should be remembered that all these disorders have a common origin in the original delicacy of the young frame, and that very trifling circumstances serve mutually to convert the one into the other.

The thoracic affections seldom appear in the old mortality tables of London previous to 1700. In 1837 there fell victims to these diseases 3260 persons; and in 1838, 3692. Of those who have fallen victims to them in 1840, 383 are below 15, and 148 above 15, or nearly as 5 to 2.

It seems probable that thoracic complaints occur at a later period of life than the encephalic. When one avenue to death is closed, another is necessarily opened; hence we may see why vaccination increases the amount of deaths at periods of life subsequent to that at which smallpox used to carry off children. This has been denied, but it is strictly correct. Croup, though a very fatal, is not a very frequent malady. The total deaths by croup in London in 1827, were 124; 1829, 123; 1833, 151; 1837, 300; 1838, 364. Total in England and Wales, 1837–8, 3310.—*Dr. Gregory.*

---

*Diseased Liver.*—Mr. Macilwain showed, at a late meeting of the London Medico-Chirurgical Society, a small portion of a liver, which he considered to have become diseased in consequence of the patient from whom it was taken having been frequently and violently salivated for supposed syphilis. The portion of liver was exhibited in a small bottle, and appeared of the consistence of leather.

Dr. Henry Lee recollected that M. Gallois used to relate two cases in his lectures in which the liver had become of the consistence of leather in two men, who, during the first revolution in France, had taken so active a part in the stormy proceedings of that period, as to allow themselves scarcely any time for eating, drinking or sleeping. Both died suddenly. In addition to the affection of the liver, the spleen was also very much enlarged.—*London Lancet.*

---

*Hydatids of the Lung.*—Mr. Bainbridge also showed, at the same meeting, the lungs of a patient who had died with the symptoms of peripneumonia; after death, the right lung was found to contain large cysts, filled with about two quarts of serum. Several small hydatids were visible in various parts of the lung.

The patient, a male, had suffered from symptoms of thoracic disease many months before death; but at one time got apparently much better, after venesection and salivation. He had a fresh attack shortly before death, which treatment did not relieve, and he died suddenly.—*Ibid.*

---

*New Marine Hospital.*—A board of medical officers, consisting of Surgeons Mower and Heiskell, and Assistant Surgeon Day, are ordered to meet at Pittsburg, Penn., on the 15th of July, for the purpose of selecting a site for the erection of a new marine hospital, somewhere on the Upper Ohio.

---

*Health of Boston.*—Last week the number of deaths in Boston was only *thirteen*—the smallest weekly bill of mortality we remember ever having seen in this city.

---

MARRIED,—At East Granby, Ct., Dr. Joseph P. Converse, of Enfield, to Miss Mary Cornish.

---

DIED,—At Middlebury, Vt., Ralph Gowdey, M.D., Professor of Medical Jurisprudence in the Vermont Academy of Medicine, aged 38.

---

Number of deaths in Boston for the week ending June 20, 13.—Males, 5—females, 8.—Stillborn, 2. Of consumption, 3—hæmorrhage of the lungs, 1—lung fever, 1—scarlet fever, 2—delirium tremens, 1—poison, 1—teething, 1—infantile, 1—asthma, 1.